

Document Number

Document Title

State of Wisconsin
Department of Natural Resources
PO Box 7921
Madison, Wisconsin 53707

Satisfaction of Cost-Share Agreement

Form 3400-068B (R 4/03)

Applicable to landowners participating in the:

- PRIORITY WATERSHED & PRIORITY LAKE PROGRAM
- TARGETED RUNOFF MANAGEMENT PROGRAM
- URBAN NONPOINT SOURCE & STORM WATER MANAGEMENT PROGRAM

Notice: This form is authorized by ss. 281.65 and 281.66, Wis. Stats., and chs. NR 120, NR 153, NR 154, and NR 155, Wis. Adm. Code. Personal information collected will be used for management and enforcement of DNR grant programs and is not intended to be used for other purposes. Information collected may be made available to requesters as required under Wisconsin's Open Records law [s. 19.32-19.39, Wis. Stats.].

Instructions: Completion of this form is necessary to document that the commitments made with a cost-share recipient have been fully satisfied, including the operation and maintenance period. Complete all sections, as applicable. Type or print neatly using blue or black ink.

Grant Information

Grant Program (Check One)

☐ Priority Watershed & Priority Lake ☐ Targeted Runoff ☐ Urban NPS & Storm Water

Project Name

Recording Area

For more information, call or contact:

Grant Number

The undersigned Governmental Unit Agent certifies that the following cost-share agreement has been fully satisfied:

Cost-Share Agreement Number

Name of Cost-Share Recipient(s) (Last, First, M.I.)

Name of Landowner(s) (if not cost-share recipient(s))

Governmental Unit (Grantee Name)

Address of Governmental Unit (Grantee) (Street Address, City, State, Zip Code)

Recorded in the office of the Register of Deeds of _____ County, Wisconsin,

As Document Number _____ in Volume (Reel) _____, of _____,

On Page(s) (Image) _____.

Signed this _____ day of _____, 20 _____.

Signature of Governmental Unit Agent

Typed or Printed Name of Governmental Unit Agent

STATE OF WISCONSIN)
) ss.
_____ County)

Personally came before me this _____ day of _____, 20 _____, the

Above named _____

To me known to be the person _____ who executed the foregoing instrument and acknowledge the same.

Signature of Notary Public

Typed Name of Notary Public

Notary Public _____ County, Wisconsin

My commission (is permanent) (expires _____).